MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not write in this space. 27432

1. PLACE OF DEATH
County St. Charles Registration District No. 757 File No.
Township St. Charles Primary Registration District No. 3036 Registered No. 151
City St. Charles (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Mrs. Lora Elizabeth Jungermann
(a) Residence, No. 8 Miles South West of St. Charles St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Jungermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1888.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	29.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) St. Charles Co
(STATE OR COUNTRY) Mo

FATHER
13. NAME George Schierding
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Wilhelmina Bruns
16. BIRTHPLACE (CITY OR TOWN) St. Charles Co
(STATE OR COUNTRY) Mo

17. INFORMANT Wm. Jungermann
(ADDRESS) R.R. #3 St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forrester Cem DATE Aug 26, 1933

19. UNDERTAKER Steinbricker's
(ADDRESS) St. Charles, Mo

20. FILED 8/26, 1933 Clarence H. Weedes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1933, to Aug. 23, 1933
I last saw her alive on Aug. 23, 1933 Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1928

Other contributory causes of importance:
Hypertension

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Jungermann, M. D.
(Address) St. Charles